Senior Citizens' Secretariat
Newsletter

VOLUME 105 OCTOBER 2003

Welcome New Minister!

Staff of the Senior Citizens' Secretariat welcomes the Honourable Angus MacIsaac as Chair of the Senior Citizens' Secretariat. Mr. MacIsaac has served as a member of the Secretariat during the past four years and is already familiar with seniors issues.

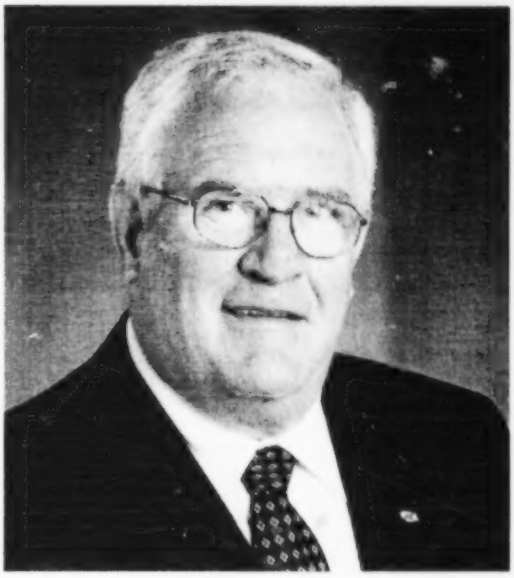
Mr. MacIsaac was born June 4, 1943 in London, England. He is a graduate of the Nova Scotia Teachers College, Truro and has his Bachelor of Arts degree from St. Francis Xavier University, Antigonish.

His employment history includes teaching high school in Calgary, Canso, Guysborough and Antigonish. As well as, a woodlot owner, Christmas tree farmer, blueberry grower and maple syrup producer.

Mr. MacIsaac was first elected to the Legislative Assembly in 1969, at the age of 25; re-elected in 1970. Returned to Nova Scotia legislature with election in July 1999; re-elected in 2003. Cabinet duties have included Minister of: Education; Housing and Municipal Affairs. He has been Minister responsible for the administration of the Youth Secretariat Act. He is a past president of the Nova Scotia Progressive Conservative Association.

Community involvement includes: past chairman of the Strait of Canso Industrial Development Authority, volunteer with Antigonish Minor Hockey Association, Nova Scotia Minor Hockey Association, Canadian Association for Community Living and St. Ninian's Roman Catholic Church.

He is married to Mary Ann MacIsaac and they have two children.



We look forward to working with Mr. MacIsaac as we continue to meet the challenges of an aging population and develop new initiatives as outlined in the Blueprint document.

We also welcome a new member, Honourable Barry Barnet, Minister of Service Nova Scotia and Municipal Relations, to the Secretariat who will join the other members who are: Honourable David Morse, Minister of Community Services; Honourable Jamie Muir, Minister of Education; and Honourable Rodney MacDonald, Minister of Tourism and Culture, Minister of the Office of Health Promotion.

2007-05003/

TelNova Scotia to Develop Injury Prevention Strategy

Office of Health Promotion
May 30, 2003

The Office of Health Promotion will work with its many partners in communities, the health-care sector and government to develop a provincial injury prevention strategy.

Injury is the leading cause of death for Nova Scotians during the first 45 years of life, according to The Economic Burden of Unintentional Injury in Atlantic Canada, a report released, May 30, by the Atlantic Network for Injury Prevention (ANIP).

The report calls for a co-ordinated strategy, guided by strong leadership and collaborative efforts across injury prevention groups. Work on the provincial strategy began at the first meeting of the Nova Scotia Chapter of ANIP on June 20.

"We can do something about this," said Rodney MacDonald, Minister of Health Promotion. "The cost of unintentional injuries is enormous, both financially and, more importantly, in terms of human suffering and loss. To make a significant impact on injury, we need to first recognize that most injuries are not accidents."

The report says that in 1999, unintended injuries cost Nova Scotians $372 million, or $396 for every citizen. Falls, especially falls by seniors, accounted for $160 million while motor vehicle crashes cost $74 million.

It is widely recognized that 90 to 95 per cent of injuries are both predictable and preventable. Mr. MacDonald said there are many excellent injury prevention initiatives in Nova Scotia and that the Office of Health Promotion will work with all its partners to lead and co-ordinate the development of a provincial injury prevention strategy.

At the June 20 meeting, members such as the Road Safety Advisory Committee, Networking to Prevent Falls in Nova Scotia, the Advisory Group to the Nova Scotia Trauma Program, IWK Child Safety Link, community health boards, district health authorities and many more, reviewed recent injury reports and discussed current initiatives and gaps in injury prevention.

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The Secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with ageing issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065. E-mail scs@gov.ns.ca Website www.gov.ns.ca/scs

"Injury prevention is a priority for us," said Scott Logan, executive director for the Office of Health Promotion. "We're in a perfect position to help lead and co-ordinate provincial efforts and to help raise public awareness around this important issue. We have a very solid foundation to build upon and the enthusiasm, dedication, and experience of the many partners will ensure success."

He said resources will be determined based upon strategy recommendations.

"It's great to see the province recognizing this issue and making a clear commitment to injury prevention," said Dr. John Tallon, an emergency medicine physician and medical director of the Nova Scotia Trauma Program. "I see first-hand the damage caused by injuries every day, and the difficult part is knowing that so much of it could be prevented."

On average, 400 Nova Scotians die each year from injuries. Thousands more experience pain and suffering from injuries and many live with permanent disability.

Dr. Tallon said that while most of this is preventable, there will always be injuries and Nova Scotia is recognized as having one of the best emergency health systems in North America to ensure that people who are injured get the best possible trauma care.

A copy of *The Economic Burden of Unintentional Injury in Atlantic Canada* is available on the Website at www.anip.ca . *A Comprehensive Report on Injuries in Nova Scotia* was released in 2002 and can be found at www.gov.ns.ca/health/reports.htm.

Contact: Wendy Barnable
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Lunenburg Four Heading to Flanders, Belgium

Relay team runs marathon in support of people with arthritis.

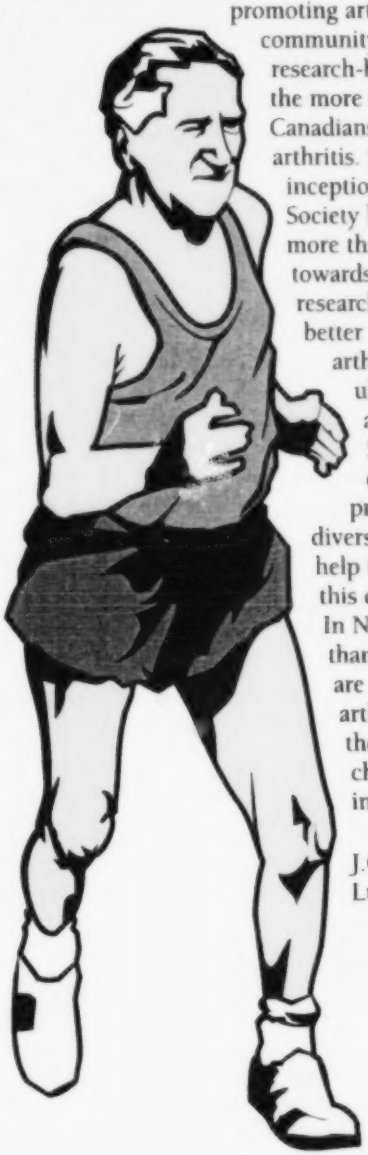
A *Joints in Motion* relay team, led by Dr. George McKiel of Bayport, travelled to Belgium with approximately 200 fellow Canadians on September 10th, 2003 to participate in the Flander's Fields marathon, held on September 14th.

The 42 km marathon was a fundraiser for The Arthritis Society and supported by the Royal Canadian Legion. The money raised by members of the *Joints in Motion* marathon training team will be used to fund research into discovering the causes and a cure of arthritis, and for the development of improved medications and treatments in support of the more than FOUR million Canadians, including 144,000 Nova Scotians living with this often painful, immobilizing disease that affects men, women and even children.

McKiel was extremely dedicated in undertaking the challenge of this particular marathon because "my persecuted Hugenot ancestors fled from the Lowlands and escaped to New York in 1672 so I anticipate some of the family left behind will albeit in ghostly form, be there to cheer us along. I want to honour my dad, who fought in the Flanders area in the First World War, who along with his two brothers, somehow survived the mud, gore and carnage of the trenches. I also want to dedicate my portion of the relay to the fifty Air Force colleagues executed by the Gestapo as punishment for "The Great Escape."" That event occurred at Stalag Luft 111 while McKiel was imprisoned after being shot down over Germany. "The tunnel, which took over a year to construct, started just 12 feet from my bunk" explains McKiel.

Two other local relay team members are Gerald McKiel of Lunenburg and Juniebeth Richardson of Springfield, Nova Scotia. The fourth team member is Denis Morrice, president and CEO of The Arthritis Society who was recently welcomed by Laurence Mawhinney, mayor of Lunenburg, when Morrice was in Nova Scotia for meetings of The Arthritis Society.

The Arthritis Society is Canada's only not-for-profit organization dedicated to providing and promoting arthritis education, community support and research-based solutions to the more than four million Canadians living with arthritis. Since its inception in 1948, The Society has contributed more than $120 million towards arthritis research to develop better treatments for arthritis and ultimately, to find a cure. The Society is also committed to providing diversified programs to help those living with this disabling disease. In Nova Scotia, more than 144,000 people are living with arthritis, making it the most common chronic condition in the province.



J.G. McKiel
Lunenburg

Thank You!

Thank you Dorothy McCarron for your dedication and contribution as a volunteer with the Nova Scotia Seniors' Art Gallery.

The Gallery has now been in operation 15 years. Hundreds of 50+ older adults have participated during this time and paintings have been sold with a value of more that $250,000.00. The paintings have been purchased by people from throughout the world doing business at the World Trade and Convention Centre.

The Gallery has served many purposes: it has encouraged senior artists to paint, it has created a social environment in which artists meet others with a common interest and it has demonstrated that creativity continues throughout one's life. Younger people viewing the works at the Gallery are impressed with the talent and skills among seniors and are often encouraged to develop a new skill or hobby themselves.

Dorothy has championed the Gallery and throughout the years encouraged other seniors to support the Gallery in numerous ways. A sincere thank you to Dorothy and the many seniors who have helped support this project. Some of the seniors who volunteered on the committee are: Doreen Williams, Edna Burgess, Elmer Doiron, Hazel Reid, Marg Haley, Marion Kimber, Maurice LeBlanc, Pauline Lawrence and Yvonne Christ. There are many others who helped hang paintings and supported the Gallery, we are most appreciative for your support and contribution.

The Gallery will continue to be a project of the Senior Citizens' Secretariat and a new committee, chaired by Audrey Manzer of Dartmouth, will organize future exhibitions.

If you or someone you know is interested in participating in the Gallery or wish to volunteer on a committee please call us on our toll-free line, 1-800-670-0065, local calls 424-0065.

Valerie White
Executive Director

Regular Pap tests save lives

The arrival of fall is often marked by warm, sunny days and sweater weather nights. It's a time of renewal, a time for house cleaning, furnace cleaning, fall tune-ups for the car and dental appointments for the kids. Fall is also the time frame of Pap Test Awareness Week, held each year in October to remind women, and all health providers about the importance of regular Pap tests in preventing cervical cancer.

Regular Pap tests prevent over 90 per cent of all deaths from cervical cancer, but almost 40 per cent of Nova Scotia women do not have regular Pap tests. For this reason, Nova Scotia continues to have the highest rate of invasive cervical cancer in the country.

While this news seems discouraging, we are making progress. Between 1998 and 2001, an additional 1,200 women were screened each year, on average, from the previous year. Congratulations to all women who are scheduling regular Pap tests. And to those, who for their own reasons, are not having regular Pap tests, let us know how we can support you to make a decision that could save your life.

Cancer Care Nova Scotia's Gynaecological Cancer Screening Program is dedicated to working with doctors, other health providers and women to communicate the importance of regular Pap tests and to support and encourage women in choosing to have this very important test.

Provincial guidelines advocate that all women 18 years and over, or earlier if they are sexually active, have regular Pap tests. Each year, during Pap Test Awareness Week, the Gynaecological Cancer Screening Program works with community groups and organizations, including the Department of Health, the Medical Society of Nova Scotia, Canadian Cancer Society—Nova Scotia Division and others to raise awareness about the benefits of regular screening.

This year Pap Test Awareness Week was scheduled for October 19–25. It was launched on October 17 in Yarmouth. For more information about Pap Testing and Pap Test Awareness Week, please call 1-888-480-8588.

Inclusive Transportation Conference and Showcase

The 2003 Inclusive Transportation Conference and Showcase hosted by the Nova Scotia Community-based Transportation Association (NS-CBTA) is to be held November 26–27 at the Park Place Ramada hotel. With the conference fast approaching, it is now time for registration to take place.

The purpose of the conference is to bring together key stakeholders, service providers, decision-makers, suppliers, and consumer groups from across Nova Scotia to focus on issues that relate to improving community-based accessible transportation and finding innovative solutions to sustainability. The conference focus will be on rural transportation policy and organizational development.

This years conference features such topics as: fundraising on a shoestring budget, public awareness and marketing strategies, volunteer recruitment and retention, incorporation process and legal liability of Board of Directors, sustainable funding for rural transportation, Barriers to Service-Start-up, Business and Marketing Plan workshop, and two policy roundtables on rural transportation.

The Inclusive Transportation Conference includes issues relevant to Canadian Federal, Provincial and Municipal officials, non-profit/government organizations, service providers of rural and urban transportation, and anyone with a vested interest in sustainable and affordable transportation. To register call Mr. Rene Frigault, Service Nova Scotia and Municipal Relations at (902) 424-2088

Stephen Coyle, Research/Policy Analyst
Senior Citizens' Secretariat

Seniors for Literacy Committee

Printing for Seniors

Here are some useful tips on making your print more readable to seniors:

- Size 14 font is the easiest for seniors to read.
- Bold font is fine for emphasis but creates "after-images" when used continuously.
- Too much italics makes words look blurry.
- Words in CAPITALS letters are less distinctive than in lowercase.
- The minimum length of lines is about 40 characters, with the optimum length between 60 to 65 characters.
- When using colours—use dark ink on either white or pastel yellow paper. Pale coloured ink on white does not provide enough contrast.

Source: *Creating Plain Language Forms for Seniors: A Guide for the Public, Private and Not-for-Profit Sectors*. Canadian Public Health Association www.cpha.ca)

Assistive Devices

Overcoming seniors' reluctance
by Jennette Toews

Why do so many seniors resist using the very devices that can offer them freedom and safety? They prefer not to be seen using an assistive device (AD) even though such aids are known to increase independence and quality of life.

Currently, 40% of Canadians aged 65 and over have one or more disabilities due to the effects of aging and/or injury. Not surprisingly, the rate of disability increases with age. Sixty percent of those over age 75 and 70% of those over 85 have disabilities. Yet only 35% of Canadian seniors aged 75 and over use assistive devices (McWilliam et al., 1998).

By 2011, there will be more than 5 million seniors (65+) in Canada, a 38% increase from 3.6 million in 1998. While seniors are living longer and healthier lives, as life expectancy increases, so will the proportion of disabled seniors and the severity of their ailments. Almost half of disabled seniors have severe or very severe disabilities, with 80% of them reporting mobility as their primary problem area (PALS, 2001). However, the vast majority of seniors with disabilities do live independently—only 15% live in institutions.

Underutilization of assistive devices has individual and societal consequences as it significantly affects both the quality of life of seniors and the use of health system resources. So why don't more seniors avail themselves of assistive devices and what can be done to promote their use?

These are questions that Health Canada and Veterans Affairs Canada, through their joint partnership, the *Falls Prevention Initiative*, set out to examine. The Initiative funds community projects on falls prevention, targeting community-living veterans, seniors and their caregivers. The focus on assistive devices was determined at a national consultation with injury prevention stakeholders held in July 2000, prior to the launch of the Initiative.

The use of assistive devices was seen as an overlooked area, one that was of great significance in falls prevention and the promotion of safe and active living.

In general, seniors who use assistive devices have reported an increased quality of life. They cite physical and emotional safety, accomplishing desired goals or activities, and greater independence and mobility as the primary reasons for use. The most commonly used devices are mobility aids and those used in bathing and personal hygiene, which is significant as the majority of falls in the home occur in the bathroom.

Seniors who have used assistive devices report reduced dependence on others and feel that the devices helped them avoid facility placement. Yet many seniors have not adopted the assistive devices that could help them maintain their autonomy.

To further examine Canadian seniors' and veterans' attitudes surrounding assistive device use, a national project was funded through the Health Canada/Veterans Affairs Canada Falls Prevention Initiative. Sponsored by the University of Victoria, this project held a series of focus groups with seniors, veterans, caregivers, health professionals and suppliers of assistive devices across Canada. One of the findings was that the seniors'/veterans' own perception of need significantly influences the use of assistive devices. This perception was in turn strongly influenced by the social stigma they associated with devices as well as the look and appearance of the device. Sadly, for most, devices symbolized loss of independence, disability and inevitable decline rather than reclaimed autonomy and improved quality of life.

The University of Ottawa and the Canadian Association of Occupational Therapists partnered to strengthen community capacity in four pilot sites across Canada-Nanaimo, BC, Calgary, AB, Gatineau, QC and Charlottetown, PE. The focus in the pilot sites is to foster acceptance of devices and enhance support. Senior and veteran "champions" work in their communities to increase the visibility and availability of assistive devices in new homes, stores and hotels. The goals are to support a shift in social norms from assistive devices as tools for the disabled, to assistive devices as "tools for independent living," and to enhance the ability of seniors, veterans and their community organizations to actively promote accessibility and use.

This project is also partnering with the other national HCNAC Initiative project, sponsored by the British Columbia Institute of Technology (BCIT). BCIT is launching a social marketing cam- paign to reduce the stigma of AD use and broaden awareness about ADs among family members, businesses, industry, as well as seniors and veterans, on the benefits of AD use. A national public service announcement promoting positive AD use was launched this summer.

The message of the PSA is: "Pride can keep you on the sidelines of life". The PSA will be linked to a free "give-away" of *Go for It! A guide to choosing and using assistive devices*. This brightly illustrated publication, developed through the HCNAC Initiative, provides practical information on assistive devices (with a good dose of humour!) to help seniors become aware of the vast range of devices available and to help them assess which ones can assist them. Using the findings to date of the HCNAC projects, Health Canada and Veterans Affairs Canada are examining ways to support and enhance practice, education, research and policy surrounding assistive devices. Partnerships have been developed within government to advance joint program and policy initiatives. An example of this is the Ministers Responsible for Seniors who, since the mid-1990s, have been meeting to discuss seniors' issues and help prepare Canadian society for the aging of its population.

The federal/provincial/territorial (FPT) Safety and Security Working Group has focused on the areas of elder abuse, crime prevention and in particular, injury prevention. This working group has contributed to the development of a handbook on best practices in falls prevention: *Promising Pathways—Falls Prevention Programs for Older Canadians Living in the Community*, which was produced through the HCNAC Initiative to promote effective injury prevention strategies in communities. On a similar issue, the FPT Working Group on Day-to-Day Technology has developed fact sheets to promote the use of a wide range of technologies, focusing on banking,

voice-mail, computers, Internet and assistive devices. Human Resources Development Canada is also targeting disabilities and is spearheading the federal Disability Strategy. Its recently released report *Advancing the Inclusion of Persons with Disabilities* profiles issues related to seniors' disability.

Several government departments now have mechanisms to consult seniors and persons with disabilities. For example, Industry Canada's Assistive Devices Industry Office (ADIO), a key player in the national assistive device community, has an "Advisory Committee on Assistive Devices and Persons with Disabilities" that serves as a resource and consultation body. ADIO also fosters industrial growth in the assistive technology sector and works to ensure that the needs of consumers with disabilities are met.

External linkages with community groups such as the Canadian Red Cross, the Royal Canadian Legion, the March of Dimes and the Canadian Standards Association have led to other innovative work in the field of assistive devices. For example, the Canadian Standards Association, through a partnership with Health Canada, is currently developing a process for assessing products for seniors (including assistive devices) through the use of the *Design for Aging Guidelines*.

As the senior population continues to increase, so will the importance of assistive devices as a vital strategy for preventing injuries, enabling seniors, and reducing costs to the health system. Promoting the use of ADs will not only improve the quality of life of seniors, it will also enhance their capacity to continue to contribute to Canadian society.

To obtain a free copy of *Go for It! A guide to choosing and using assistive devices. Promising Pathways* or other HC/VAC publications promoting the use of assistive devices and technology, contact the Division of Aging and Seniors, Health Canada at 613-952-7606 or E-mail SeniorsPubs@hc-sc.gc.ca. You may also download publications at: http://www.hc-sc.gc.ca/seniors-aines.

Source: *Stride, Excellence in Seniors Care* (condensed version)
August/October 2003, Vol. 5, No. 3

Communicating Tips for Hard of Hearing Seniors

1. Get the person's attention before starting a conversation by calling his/her name or tapping him/her on the shoulder.
2. Talk face-to-face and at eye level.

3. Move closer before starting a conversation.
4. Speak clearly, slowly and at a normal volume (don't shout).
5. Don't exaggerate your lip movements.
6. Don't turn away or cover your face while talking.
7. Do use appropriate facial expressions and gestures.
8. Make sure there is adequate lighting so your face is clearly visible.
9. Eliminate or reduce competing noise sources before starting a conversation. If you can't do this, try to move away from the noise.
10. If the hard of hearing person misunderstands, try re-wording your message rather than repeating it.
11. In group conversations, try to have one person speak at a time.
12. Encourage the use of a hearing aid.
13. Understand that an ill or tired person will not hear as well.
14. Be patient.

Nurses cope with challenging behaviours

Imagine you're a health care aide working with elderly residents who have Alzheimer's disease. You walk into a resident's room to take her for a bath and she starts yelling that she doesn't want a bath and she doesn't want you. You ask her again to come with you but she refuses. She is only one of eight residents you have to care for before lunch and you are accountable to get all your work done. You know she has dementia, but you start to feel angry and stressed out. She continues to protest and you can feel your blood pressure rising. What do you do?

Thanks to a four-week training program involving educational sessions and role playing, nursing staff on the sixth floor of the Apotex Centre, Jewish Home for the Aged have a better understanding of challenging behaviours and how to manage them.

"Getting angry with the person is not going to do either of you any good,"says health care aide Sonia Griffiths. "It's important to respond calmly and try to determine why the resident is reacting this way. The training taught us different ways to deal with situations and to try and put yourself in the other person's place."

The same strategy holds true when dealing with angry colleagues and families. "The most important thing is to listen to the other person," adds health care aide Galina Gryffer. "Don't fight back or answer right away." They learned to use TALC. Take a deep breath and count to five. Acknowledge the person's feelings and ask what is bothering him/her. Listen. Cooperate to find a solution.

According to both nurses and their manager, Gina Peragine, the staff now has the tools to deal effectively with conflict and are resolving issues on their own. That is one of the goals of the Nursing Self-Efficacy Program developed by Nursing and Psychology and piloted on the sixth floor last year.

"It was (Director of Psychology) Guy Proulx's initiative to partner with Nursing to address challenging behaviours," explains Corey Mackenzie, a post-doctoral fellow in the Psychology department. "We felt the best way would be to give nursing staff the skills and confidence they needed to deal with these issues themselves, which is what self-efficacy means."

Dr. Mackenzie, who is funded by the Morris Slivka Fellowship, and Gina Peragine spent six months developing the program based on a thorough review of research literature, evidence-based practice and the clinical expertise of staff from Nursing, Psychology and Social Work.

The training consisted of three 2-hour modules. Each started with an informative presentation such as understanding conflict resolution, tips for dealing with anger or facts about dementia. But it was the role playing exercises that were especially beneficial, according to Griffiths and Gryffer. "Playing the part of a resident, co-worker or family member helped us to see how to react and gave us a chance to practice the interventions we can use," says Griffiths. "It's easier to do in a real situation once you've already practiced the words to say in a safe environment," adds Peragine.

Staff were told to document what methods work and don't work with a particular resident and come up with a plan to share with the team. "It's important to get nursing staff to think of themselves as therapeutic agents and realize their positive impact on residents," says Dr. Mackenzie.

Peragine has seen a decrease in behaviour issues with residents on the floor. "Staff now realize that yelling down the hall to get a colleague's attention can really upset a resident, so it's resulted in a quieter atmosphere," she explains. But she adds that constant review is necessary and she and Dr. Mackenzie meet with staff once a month to reinforce the training and discuss interventions. The goal is to extend the training to staff on all floors of the Apotex Centre. In addition, content from the program, as well as role playing, will be videotaped and made available on-line.

Source: *Baycrest Bulletin*
April 2003, Vol.1, Issue 3

Book Reviews

A Must Read for Drivers
Review by Bev Popyk, District 27, Ottawa

In his book, *Crash Course: 157 Causes of Collisions and How to Prevent Them*, Walter Hayduk explains that driving can be safe and that collisions are preventable. His book details all aspects of driving that involve potential risk. His presentation is easy to read, succinct and thought provoking. Whereas the book was written for drivers of all ages, it deals with mature and senior drivers, recognizing their special circumstances.

It is explained that by retirement we may have become complacent about our driving ability, thinking we are good drivers when, in fact, we may not be. We may have had a fender bender or traffic ticket and not realize that "the warning signs are definitely there" (p.106) for a serious collision. An interesting Risk Assessment Questionnaire is included for a self-assessment of driving ability to show whether we are "safe", "average" or even "dangerous" drivers (p.137).

The author is a retired Chemical Engineering professor. His past positions in the university and the industrial field allowed him to assemble the material necessary to competently discuss topics such as Traction, Crash Dynamics, the Power, Forces and Energy of Vehicles, and Collision Statistics, as well as the Psychology and other human aspects of driving. He reveals what we need to know about these topics to become safe drivers. All of this is presented convincingly with easy to imagine anecdotes and examples.

The author believes that smash-ups are avoidable and that there are no accidents—just collisions. For anyone concerned about safety while driving, this book is a fountain of most useful information. I was amazed at how much I didn't previously know about driving, and found that I acquired a new, respectful attitude behind the wheel.

His book should soon appear on bookshelves and can be obtained from General Store Publishing House 1-800-465-6072.

Life on the Farm

Review by Jane Erven, District 42, B.C.

Lambsquarters, Scenes From A Handmade Life, by Barbara McLean, Random House Canada, 2002.

This is the story of the author's life as a homeowner, farmer and parent in Grey County, Ontario. Extremely well written, these recollections are insights into a rural Ontario way of life. The book is a nostalgic trip for those of us who grew up in rural Ontario, and it is a lesson about farming for those who wished they had experienced life on the land. Many Retired Teachers of Ontario members may have taught the children from this farm. Barbara holds a Ph.D. in English Literature.

Barbara and her country doctor husband chose the run-down farm when they were in their early twenties and have a spent a lifetime transforming a house and acreage into their home. Barbara shares her story of vision, hard work, heartaches, ambition, child rearing and sense of community with a good sense of humour. She describes the perils and pleasures of her sheep farm in vivid detail.

In one chapter, "School Bus", Barbara describes putting her daughter on the school bus on her first day of kindergarten. Bus houses (the small buildings at the entrances to farm lanes) for children in rural areas are described in the book as "overt indications of kid care". The tale of the construction and the usefulness of the bus house at Lambsquarters allows one to visualize and better appreciate the experience of schoolchildren living in the country.

From the author's sensitivity to all living creatures through to her description of the Ontario seasons, you will find *Lambsquarters* a delightful read.

1,001 Delicious Desserts for People With Diabetes

by Sue Spitler, with Linda Eugene and Linda Yoakam.

The delicious desserts in this huge book are suitable for a diabetic diet, yet scrumptious enough for the whole family to enjoy. Each recipe is accompanied by nutrition facts and food exchanges. Contains more than a thousand recipes, for everything from butterscotch walnut pie to old-fashioned apple crisp. $19.95 (U.S.).

ISBN 1-57284-049-8 Surrey Books
toll-free: 1-800-326-4430
Website. www.surreybooks.com

The Diabetes Sourcebook

by Diana w. Guthrie A.R.N.P., Ph.D., and Richard A. Guthrie, M.D.

This is a complete, all-in-one resource for anyone with Type l or Type 2 diabetes. Fully updated with the latest treatments and developments, this book offers an overview of diabetes as well as a complete educational program incorporating nutrition, exercise and hygiene. $26.95.

ISBN 0-7373-0642-4
McGraw-Hill Ryerson
toll-free: 1-800-565-5758
Website: www.mcgrawhill.ca

Concise geriatric care

From wellness to hospice, *Elder Care in Occupational Therapy*, Second Edition, offers a broad yet detailed discussion of geriatric occupational therapy practice. A variety of topics are covered in a concise format, including theoretical insights, the aging process, and current interventional strategies.

Twenty informative appendices include information on community and clinical living arrangements, exercise programs, and client-centered and evidence-based practices.

Elder Care in Occupational Therapy, Second Edition, provides classic, professional information on theory, disease entities and intervention.

To order, visit Slack Incorporated at www.slackbooks.com

A better prescription for Medicare

In *Code Blue: Reviving Canada's Health Care System*, David Gratzer, a medical student at the University of Manitoba, examines the state of Canadian health care—from the overcrowded emergency rooms of Montreal hospitals, to the thriving practices of Canadian doctors who have decided to head south.

Gratzer explores our perceptions of the American system, analyzes demographic trends and examines political debate on our current health care structure.

He also evaluates the commonly proposed solutions to saving Medicare -increased funding, two-tiered services, better management and user fees. Can they really help? The author looks at several models in other countries before writing his prescription for ours.

Available at your local bookstore.

The path to positive mental health Guidebook

While written primarily for the average Canadian, health care professionals will find this self-help book suitable for anyone who has endured the effects of mental illness, whether as a sufferer, friend, family member or caregiver.

Grieving Mental Illness: A Guide for Patients and Their Caregivers offers detailed, jargon-free guidelines to help the reader come to terms with mental illness in a positive way.

Author Virginia Lafond's experience as a mental health practitioner has taught her that grieving is always a partner to mental illness. Using grief as a healthy, adaptive process enhances recovery, and enables sufferers to come to terms with their illness.

First published in 1994, this revised edition contains a new introduction and two new appendices.

Call the publisher, University of Toronto Press, at 1-800-565-9523 to order a copy.

Don't shoot the messenger

Important as it is, public relations (PR) is often neglected by small and medium-sized health care facilities that can't afford to employ full-time PR professionals. In *Don't Shoot the Messenger: A Guide for Effective Health Care Communications*, busy health care administrators will find a guide for planning and implementing their own public relations programs. Experienced practitioners will find the book an effective resource on specialized topics.

Readers can learn how to develop public relations/communications programs aimed at winning media exposure and communicating effectively. Edited by the Health Care Public Relations Association of Canada.

For more information, contact Canadian Healthcare Association Press at 1-613-241-8005.

Hospice care for Canadians

Find the words and deeds to meet the psychosocial needs of chronically ill and dying people, their families and caregivers in this strengths-based, step-by-step guide through the labyrinthine process from diagnosis to death to bereavement.

Transitions in Dying and Bereavement: A Psychosocial Guide for Hospice and Palliative Care by the Victoria Hospice Society in B.C. puts a human face on this difficult topic.

This 400+ page book covers the key transitions that dying people and their families face as well as effective interventions.

Activities, exercises, case studies, personal essays, poetry and illustrations are found throughout the text, forming a powerful development tool for professionals and volunteers who work with people facing the end-of-life experience.

To order, call Health Professions Press at 1-888-337-8808.

Search the web effectively

Having trouble finding health information on the internet? *Magic Search Words: Health* promises to help readers master searching for health information on the world wide web.

One-hundred-and-forty-nine pages shows you how to maximize results using search engines, web directories, and virtual libraries; use "magic search words" to uncover the best web sites quickly, and improve your search skills.

At the core of this educational book is the use of "search strings", or combinations of health-related words, which enable the reader to cut through the clutter and access specific, relevant information.

For more information, visit www.magicsearchwords.com

Preventing Disease: Are Pills the Answer?

When a cholera epidemic swept London in 1854, the cause of the disease was unknown. Dr. John Snow suspected sewage from the River Thames was contaminating the water supply. Plotting the city's fatalities on a map, he discovered that one neighbourhood was especially hard hit. In the area around the town square at Broad Street more than 500 had died from cholera within 10 days. Acting on a hunch, Snow removed the handle from the Broad Street pump, which supplied drinking water to homes and businesses in the adjoining streets. The deaths subsided. Snow became a legend of the rising public health movement, dedicated to improving health through social reforms. Today, at the corner of Broad Street and Lexington, a pump without its handle reminds Londoners that no community can be healthy without potable water.

This story has an eerie resonance in Canada today. Seven people died in Walkerton, Ontario in May 2000, and more than 2,300 fell ill, when deadly bacteria from farm manure contaminated the town's water supply. Although the dangers of contaminated drinking water are now well understood, budget cuts led to slipshod monitoring of Walkerton's water. With health and environment budgets slashed across the country in the past decade, Walkerton is a sign of the times.

Public health and medicine are complementary but separate fields. Public health seeks to prevent health problems; medicine seeks to treat them. Traditional concerns of public health include sanitation and water supply, air and noise pollution, food hygiene, nutrition, housing conditions, and the health and safety of people at work. Public health targets populations while medicine helps one patient at a time.

Although medicine has done much to ease human suffering, public health has done more to prevent it. The gains in life expectancy from public health measures far outstrip the gains from medical treatments. In fact, drugs and other treatments have risks of their own; by contrast, public health interventions are risk-free or very low risk.

Recent experiments that test potent drugs to prevent disease are blurring the boundary between public health and medicine. This new use of drugs (called "chemoprevention") has emerged at the same time that safety standards for environmental contaminants, medications and medical devices are quietly eroding.

We need health protection legislation that truly protects Canadians. Policymakers must affirm our commitment to public health principles and strategies and recognise the threats posed by chemoprevention.

Pills for Prevention: An Alarming Trend

In April 1998, front-page headlines described a "breakthrough" in preventing breast cancer: "We know for the first time in history that we can prevent cancer through pharmaceuticals," said one of the researchers. The story reported the results of the Breast Cancer Prevention Trial (BCPT), an experiment involving 13,388 Canadian and American women. Six months later the U.S. Food and Drug Administration (FDA) approved the use of tamoxifen—previously approved only to treat breast cancer—for women "at high risk" of developing the disease. Health Canada has not approved tamoxifen for breast cancer risk reduction, which means pharmaceutical companies cannot promote the drug for that purpose in this country. Women in Canada see ads in American media, however, and Canadian physicians—who are exposed to American publicity and practices—can prescribe the drug to healthy women at their own discretion.

In 1998, recruitment of 22,000 healthy Canadian and American women to a new clinical trial began. The Study of Tamoxifen Against Raloxifene (STAR), a follow-up to the BCPT, compares tamoxifen to a similar drug, raloxifene. Nor is breast cancer the only disease for which treatment drugs are being tested for prevention. In April 2000, a trial to test a schizophrenia treatment on people considered high risk for that disease was launched in Toronto, with participating hospitals in Calgary and at Yale University. A contraceptive cocktail being tested in the United States uses a drug called a GnRH agonist to shut down a woman's reproductive hormones, then adds estrogen and progestin to stimulate three or four menstrual periods per year. Researchers hope to simultaneously lower the rates of breast, ovarian and uterine cancers.

Many observers have expressed alarm at the use of powerful drugs to prevent disease, As one physician said of the BCPT, "this isn't disease prevention, it's disease substitution," Her remark proved prophetic: significantly fewer women taking tamoxifen developed breast cancer within a four-year period, but more women taking the medication developed endometrial cancer, blood clots and cataracts. Three women in the tamoxifen arm of the trial died from blood clots in their lungs. Furthermore, an update of the trial results after 6.9 years showed a continued increase in the rate of endometrial cancers among the women taking tamoxifen, including four cases of uterine sarcoma, a rare, aggressive form of cancer. These results prompted changes to the tamoxifen risk information. In May 2002 the FDA and tamoxifen's manufacturer, AstraZeneca, changed the label and package inserts to include a boxed warning about potentially fatal strokes, pulmonary emboli and uterine malignancies. The wording particularly cautions women using the drug for breast cancer prevention to be aware of its toxic effects.

All women in the STAR trial are exposed to either raloxifene or tamoxifen, and both drugs cause blood clots. The schizophrenia prevention study is viewed as so risky that an international panel of schizophrenia researchers debated whether it should go ahead. Women in the pilot study to test the contraceptive cocktail showed a 1.9% annual bone loss.

Estrogen replacement therapy (ERT) and hormone replacement therapy (HRT) for menopausal and post-menopausal women were adopted as preventives largely on the basis of manufacturer promotion and physician endorsements. Many doctors and women believed these drugs—promoted for nearly 50 years as a youth potion for women after menopause—prevented heart disease, colon cancer, Alzheimer's, urinary incontinence and broken bones due to osteoporosis. These myths were shattered in July 2002, when a large clinical trial examining the risks and benefits of HRT was halted because the medication's long-term risks were found to outweigh its benefits. While the trial confirmed that HRT alleviates hot flashes and night sweats and helps prevent bone fractures, estrogen and progestin supplements increase the risk of invasive breast cancer when used for five years or more. Furthermore, rather than protecting women from heart attacks and strokes, HRT increases their risk.

For more information about Women and Health Protection, visit the website at http://www.whp-apsf.ca

Source: *Protecting Our Health: New Debates* Women and Health Protection in collaboration with DES Action Canada

The Midlife Health and Well-Being of African Nova Scotian Women

This is part of a series of feature articles from the Nova Scotia Health Research Foundation that focuses on innovative research being conducted in the province. Photographs and interviews are available upon request.

Sue Edmonds was there when it began. It was at a Lunch 'n Learn for the Health Association of African Canadians three years ago during Black History Month. It suddenly struck the people in the room that there was very little research available about the health of African Nova Scotian women. How could they begin to improve matters if they didn't even know what the status quo was?

The community group had all sorts of questions: Does race affect how drugs act? Does race affect health? What about social and educational status? Members were eager for information and headed to the university to find academic researchers and to the Nova Scotia Health Research Foundation for seed money. They were successful in both initiatives.

With the support of researchers, like Barbara Keddy and Josephine Enang, the group received a Capacity Building Grant and hired a professional researcher, Dr. Bethan Lloyd. They narrowed their quest to learning more about middle-aged Black women between 40 and 65.

A literature search was conducted to see what information was available, and a questionnaire created to use at focus groups and workshops. A critical issue was discovered: there was no data available about this age group among African Nova Scotian women. No one knew what their health status was; no one knew how they accessed health services; no one knew about their rates of depression or how they responded to menopause or other post reproductive issues. The lack of information was overwhelming.

This group of women seemed burdened with the myth of the "strong Black woman:" the caregiver, the pillar of the community, the one who supported everyone else. Did she then, perhaps, ignore her own health and other needs?

"With what we learned," Sue says, "we were able to put together an application for an research project grant to collect data on five communities in metro Halifax: Preston, Dartmouth, Halifax, Lucasville/Hammonds Plains, and Sackville.

"We expect to interview 50 women of African descent. In addition to collecting data, we'll be creating educational material to help improve the health of middle-aged African Nova Scotian women and a web site to collect the information and make it widely available. Our view is getting bigger too and we're looking at a larger proposal for the future on race in health."

From a tiny seed, a growing tree is putting out tendrils and spreading its branches, taking sustenance from both its roots within the community and its fertilization from without.

For more information, please contact:
Donalee Moulton 902-443-9600
uantum@hfx.eastlink.ca

Hugs

It's wondrous what a hug can do
A hug can cheer you when you're blue
A hug can say, I love you so
or gee I hate to see you go.
A hug is welcome back again
and great to see you, or where've
you been, a hug can soothe a small
child's pain, and bring a rainbow after rain.
The hug - there's just no doubt
about it, we scarcely could survive
without it, a hug delights and warms
and charms, it must be why God
gave us arms.

By: Margaret Doyle
Avondale, Newfoundland

National Survey of Nonprofit and Voluntary Organizations (NSNVO)

The results are in! The first phase of ground-breaking research from the National Survey of Nonprofit and Voluntary Organizations (NSNVO) project has just been completed. The results are reported in *The Capacity to Serve: A Qualitative Study of the Challenges Facing Canada's Nonprofit and Voluntary Organizations*.

This report represents an important first step in Canada in documenting the strengths of nonprofit and voluntary organizations and the challenges they face as they work to fulfill their missions.

The research has been commissioned by the Voluntary Sector Initiative, a joint undertaking between the voluntary sector and the Government of Canada and is being conducted by a consortium of seven organizations, with the Canadian Centre for Philanthropy serving as the lead organization.

We invite you to visit www.nonprofitscan.ca to download the full report on the qualitative findings free of charge and to learn more about this important study.

The next phase of the NSNVO project involves a survey of approximately 10,000 nonprofit and voluntary organizations and will provide information about the size, scope and activities of these organizations. The results of this survey, which is being conducted by Statistics Canada, will be available in Spring 2004. Stay tuned to www.nonprofitsca.ca for more information.

Colchester East Hants Seniors Council

An Advisory Council Committee has been formed by the Seniors' Council.

In addition area resource groups have been established in five zones within Colchester/East Hants area. The five zones are as follows:

- Zone 1: Truro area
- Zone 2: Glenholme, Five Islands and all the district west of Folly River
- Zone 3: Debert, Masstown, North River and Tatamagouche
- Zone 4: Brookfield, Stewiacke and area
- Zone 5: East Rants including 4 Points, Latties Brook, Rawdon, Enfield, Elmsdale and Shubenacadie

The Advisory Committee will work closely with zone representatives, support groups, elected municipal, provincial representatives, and the elected member of parliament in Colchester/ Cumberland. We believe that seniors will be better served when better communication is established.

The mission of the Seniors' Council is to represent all senior' concerns to the Senior Citizens' Secretariat and to make use of all resources within established organizations. We will help others to assist seniors with their concerns.

The role of the committee will be to direct all inquires to the proper agencies, eg. Social Services, food bank and others related to housing, seniors living in seniors complexes, grants and more.

Concerns of low income seniors and persons with disabilities will be passed on through the Secretariat for action with recommendations to the Ministers.

Vince DeAdder, President
(condensed)

Hope Health Tip

When someone's seriously ill:

These gestures will be very much appreciated by someone who is seriously or terminally ill, and their caretakers will be thankful for your thoughtfulness as well.

- Send a funny or happy note. Or share a funny memory. Get-well cards, or notes saying how sad you are only make the ill person feel worse.

- If you want to visit the patient, call ahead.
- If you want to call, be upbeat. If you think you will start crying on the phone, don't call. A sick person needs cheerful diversion.
- If you want to send over some food, ask what they can have and offer to prepare something light and nourishing. Homemade soups are often appreciated.
- Don't say "If there's anything I can do, please let me know." Just do something. Cook or bake for them. Drop off a humorous book or funny video. Visit the caretaker if the patient is gravely ill. They get lonely and depressed and can often use a lift.

Source: *Hope Health Tip of the Week*, September 1, 2003

Before You Say Another Word:

If you have food in the refrigerator, clothes on your back, a roof overhead and a place to sleep—You are richer than 75% of this world.

If you have money in the bank, in your wallet, and spare change in a dish someplace—You are among the top 8% of the world's wealthy.

If you woke this morning with more health then illness—You are more blessed than the million who will not survive this week.

If you never experienced the danger of battle, the loneliness of imprisonment, the agony of torture, or the pangs of starvation—You are ahead of 500 million people in the world.

If you can attend a church meeting without fear of harassment, arrest, torture, or death—You are more blessed than three billion people in the world.

If your parents are still alive and still married—You are very rare, even in North America.

If you can hold up your head with a smile on your face and are truly thankful—You are blessed because the majority can, but most do not.

If you can hold someone's hand, hug them, or even touch them on the shoulder—You are blessed because you can offer a healing touch.

If you can read this message, then you have just received a double blessing in that someone was thinking of you, and furthermore you are more blessed than over two billion people in the world that cannot read at all.

Have a good day, count your blessings, and pass this along to remind everyone else how blessed you are.

Author unknown

Compassionate Care Benefit

In the September 2002 *Speech From The Throne*, the federal government committed to modify existing programs to ensure that Canadians can provide compassionate care to a gravely ill or dying child, parent or spouse without putting their jobs or income at risk. To fulfill this commitment, the government proposes to introduce a new Employment Insurance (EI) Benefit, the *Compassionate Care Benefit*. Claimants could be paid benefits related to their absence from work in regards to one of the following gravely ill family members: a spouse or common-law partner, a parent, a spouse or common-law partner of a parent, a child or a child of the spouse or common-law partner. The benefits would be available to claimants who are one of the persons providing care or support to a family member with a serious medical condition of a family member who has a significant risk of death within six months (hereafter abbreviated to "gravely ill").

The new *Compassionate Care Benefit* would ensure that Canadians do not have to choose between their jobs and caring for their gravely ill or dying family member.

The date for the coming into force of the legislative amendments is January 4, 2004. This presumes that the Bill introducing these changes will have received Royal Assent by that date.

As the details of these Legislative and Regulative Amendments become law we will keep all informed. This legislation will afford caregivers to have more flexibility when attending to their loved ones who are deemed "gravely ill".

Bill Hughes
Manager, Special Projects
Senior Citizens' Secretariat

Drug Evaluation Alliance of Nova Scotia

The mission of the Drug Evaluation Alliance of Nova Scotia (DEANS) is to contribute to the health of Nova Scotians by encouraging appropriate drug use.

To accomplish this, DEANS obtains and analyses information and data relevant to critical drug care issues. Using this information, DEANS develops targeted interventions to address the critical drug care issue. These interventions provide an ideal venue for disseminating best available evidence to practitioners and consumers.

DEANS is coordinated by a Management Committee, which oversees all DEANS activities and is responsible for establishing and managing partnerships. Much of the success of DEANS is a result of its ability to build a framework of key partnerships and to engage these partners in the implementation and evaluation of interventions. Following is a brief summary of DEANS activities during the 2002–03 year.

Wet Nebulization Conversion Initiative

In February 2000, DEANS launched an initiative to encourage Pharmacare beneficiaries using inhaled respiratory medications via wet nebulization (WN) to switch to a dry delivery system.

Topical Corticosteroid Initiative

More than 100 different corticosteroid products are benefits under the Pharmacare Programs. In late 2000, a prescriber profiling initiative was launched by DEANS to determine the feasibility and usefulness of using profiles to provide prescribers with feedback on their topical corticosteroid prescribing practices for seniors covered under the Pharmacare Program.

Influenza and Pneumococcal Vaccination Initiative

In fall 2001, DEANS launched an educational initiative to improve the influenza vaccination rates in Nova Scotia. DEANS funded a series of continuing pharmacy education programs to encourage pharmacists to refer seniors and high risk individuals under the age of 65 years to their physician for vaccination.

Osteoarthritis Initiative

By 65 years of age, most people have radiographic evidence of osteoarthritis (OA), but only about one-third have symptoms. Those with symptoms may use self care products and/or they may use prescribed medications. There is limited information about the use of prescribed and self-care products by seniors with OA and there is no Nova Scotia data on the risk of potential drug interactions in this population

DEANS funded the Department of Family Medicine, Dalhousie University, to answer the following research questions using quantitative and qualitative methodologies:

- What proportion of seniors with OA use self care products alone, prescribed products alone, and self care and prescribed products in combination?
- What are the factors for seeking prescribed medications for OA?
- What factors facilitate changing from one medication to another?
- What benefits do seniors associate with the use of COX-2 inhibitors versus traditional NSAIDs?

Results from both the quantitative and qualitative studies are being analysed.

An Initiative to Address the Current Status of Hormone Replacement Therapy

Until recently, hormone replacement therapy (HRT) was considered first line in the management of osteoporosis. This was based on retrospective studies suggesting HRT reduced the incidence of both vertebral and hip fractures. Recognizing the need to provide prescribers, pharmacists and patients with an unbiased summary of the Women's Health Initiative trial results, two educational interventions were developed. The first targeted prescribers and consisted of academic detailing visits on the topic, *An Update on Hormone Replacement Therapy*, conducted by Dalhousie University

Continuing Medical Education's ADS. The second intervention targeted pharmacists and consisted of province-wide small group learning sessions. Materials developed for the academic detailing visits were used for the pharmacists' sessions and academic detailers facilitated each session. Both of these interventions are currently being implemented.

Questions or Suggestions!

If you would like to know more about DEANS, visit our website:
http://www.gov.ns.ca/health/pharmacare/deans.htm

If you would like to suggest critical drug care issues, please contact: Dawn Frail,
Pharmaceutical Services
Nova Scotia Department of Health
P.O. Box 488, Halifax, NS B3J 2R8
Tel: (902) 424-7150, Fax: (902) 424-0605
E-mail: fraildm@gov.ns.ca

Hope Health Tip

Most chronic bad breath comes from "smelly" bacteria lodged in the gums and on the tongue.The three best ways to combat halitosis:

1. Brush your teeth at least twice a day.
2. Floss at least once a day.
3. Every time you brush your teeth, also use a tongue scraper (available in drugstores) to scrape off bacteria on the surface of your tongue. Be sure to get as far back as you can.

Sources: Academy of General Dentistry; American Dental Association

Dancing Online

By Catherine Rondina

One-two-three, one-two- three ... Have you always wanted to trip the light fantastic but were a little shy about your two left feet? Or maybe you just never found the time for lessons. Well, the internet may be the answer. With a few simple taps on your keyboard, you'll find yourself dancing in cyberspace. Just take the mouse in one hand, your partner in the other and waltz your way onto these websites.

www.ballroomdancers.com will have you dancing cheek-to-cheek in no time. This neatly presented page offers everything from product information to foot positions. Put your best foot forward at *The Learning Center*, which has everything from *Posture* to *Lesson Of The Month*. You can even assemble a complete dance outfit by visiting the *Costumes* link. Their most unique feature is the *What Do You Want To Do Today?* option. From a drop screen selector, you can choose from 13 activities, such as *Try Out This Week's Dance Variation* or *Take An Online Dance Lesson*.

www.squaredancinq.com is the place to swing your partner round and round. Most of the relevant information about this site can be accessed by clicking on the Links option. This will take you to an amazing stock of data from every corner of the world. The *Square Dance Info* link gives you sites from Germany, France, Norway and Belgium. You can find lessons, clubs conventions and festivals. There's even a *Caller/Cuer Info* page that enables you to learn the lost art of square and round dance calling.

www.letsdancesalsa.com features the teachings of Latin choreographer Marlon Silva. Known as the "red-hot chili pepper of dance instructors," Silva's site offers a glimpse at the world of salsa and a chance to buy his DVD's and videos online. Click on *Free Salsa Dance Lesson* for a peek at how Silva uses his building block teaching method to get you dancing like a pro. To learn the lingo of salsa, hit the *Salsa Moves Combos* and note that the best thing about salsa is, you don't need a partner!

www.shira.net brings you to the home of Middle Eastern dance, hosted by belly dancer Shira. This detailed site covers all the bases when it comes to this ancient dance form. Shira offers her visitors everything from history and technique to music and teachers. Click on the *Belly Dancing Information* link for advice and how-to's. This section also gives you a link to *Finding Teachers & Performers*, which includes Canadian references. There's even the link Shopping For Belly Dancers for all your purchasing needs.

www.tapdance.orq will get your toes tapping with this resource site. Here, the world of tap is well documented via three main categories: events, reference and support. Under events, you'll find *Places To Tap*, which includes a link to Canadian info, plus the *Special Events* link, which lists worldwide happenings. In the reference section, you'll be delighted with the bounty of interesting links, such as *Tap In Film* and *Who's Who In Tap*. Don't miss *Healthy Dancing* in the support portion, which helps dancers avoid or deal with injuries.

www.totalswinq.com starts with a tribute to those cool cats who made swing the thing. Their homepage has an opening screen called *This Week In Swing History*, which gives you a brief entry on some of the top music makers. Stop by the *What's New* link for a look at swing music and dance events across the globe. Click on the *Music* icon and select from an alphabetical listing of artists, biographies and more. The *Articles* link has book, essay and history files that are a must for those interested in the archives of this dance style.

Source: *Good Times, The Canadian Magazine for Successful Retirement*, February 2003

Falls Are Preventable

Are you at risk for a fall?

Check off statements that apply to you.

- I have slipped or tripped in the last year.
- I have lost my balance at least once in the last year.
- I have fallen in the last year.
- I have difficulty seeing.
- I use furniture or walls for extra support when I walk.
- At times I feel dizzy or lightheaded.
- I get up to go to the bathroom at least once during the night.
- I use medication to help me sleep.
- I sometimes drink more than two alcoholic beverages in one day.
- I take four or more prescription medications per day.
- I don't exercise regularly.
- I don't wear supportive low heeled footwear.
- I sometimes hurry to do things.
- I don't always eat from all four food groups.

Items checked off on this list put you at risk for falling. TALK to your doctor about your risks.

Is your home a safe place?

Check off statements that are true:

- My stairs have a non-slip surface.
- My carpets lie flat.
- Small rugs are fastened with tape or tacks.
- Items I regularly use are within reach.
- I wipe up spills promptly.
- My step stool is sturdy and has a handle.
- My tub/shower has a non-slip surface or rubber mat.
- I use sturdy grab bars (not soap dish or towel rack).
- I use a hand rail when going up and down stairs.

- I can get on and off the toilet easily.
- I can reach a lamp/light switch from my bed.
- The way to my bathroom is well lit and clear of obstacles.
- I can reach a phone from my bed or chair.
- I always ask for help with jobs that require a ladder.

Items checked off on this list make your home a safer place to live.

KEEP your home free of hazards.

Source: Toronto Health Connection

Bits and Bites

Regular naps prevent old age—especially if you take them while driving.
Unknown

'Some of these men taught us all we knew.
The head of a group of prosperous Romanian criminals who are now generously using some of their ill-gotten gains to build a retirement home for less-successful crooks.
Unknown

So much for spell checkers

I halve a spelling chequer,

It came with my pea see.

It plainly marks four my revue

Miss steaks I can knot sea.

I've run this poem threw it,

I'm sure your pleased too no.

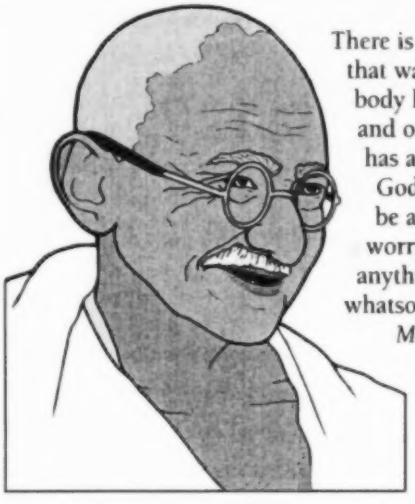
It's letter perfect in it's weigh,

My chequer tolled me sew.
Unknown

72,000 Centenarians

We may be "younger" than we think. During the 20th century, life expectancy in the US jumped from 47 to 77 years. However, the average white American 80-year-old woman lives an additional nine years, and her male counterpart seven years. The number of centenarians is also increasing. During the 1990s, the number almost doubled from 37,000 to 72,000 (more than 80% of whom are women). The number will continue to double every decade until there will be one million centenarians in the year 2050.

Wellness Letter,
University of California at Berkeley



There is nothing that wastes the body like worry, and one who has any faith in God should be ashamed to worry about anything whatsoever.
Mahatma Gandhi

It is our duty as hosts to ensure that when you depart you do not leave behind anything belonging to you, nor take with you anything belonging to us.
Unknown

My face in the mirror isn't wrinkled or drawn;

My house is not dusty, the cobwebs are gone.

My garden looks lovely and so does my lawn...

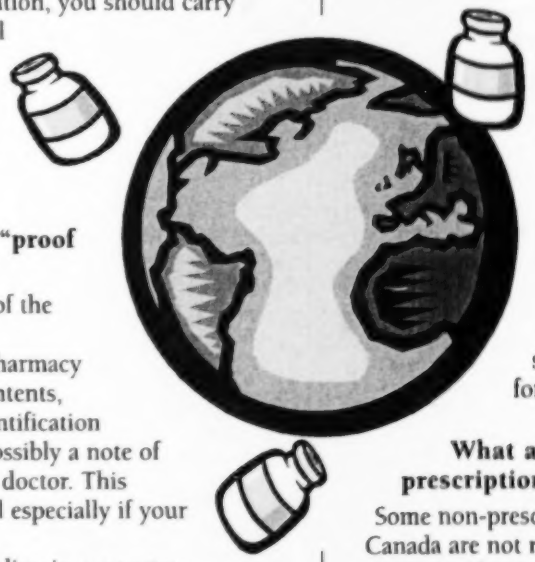
I think I shall never put my glasses back on.
Unknown

Canadian Citizens taking Medicine across Borders

The following Q and A is available on the Health Canada website at www.hc-sc.gc.ca and will help to answer questions from your Canadian patients regarding traveling with their medications. Note that these answers do not apply to US residents.

I'm traveling outside Canada. What should I do about my prescription drugs?

Canadian regulations and laws do not apply outside Canada. When you travel outside Canada with prescribed medication, you should carry proof of need. This will help ensure that you are always considered in legal possession of your required medicine.



What is considered "proof of need"?

Proof includes a copy of the prescription, proper identification on the pharmacy label indicating the contents, dosage and a Drug Identification Number (DIN), and possibly a note of explanation from your doctor. This information is essential especially if your medication is lost or stolen or when traveling in a country that is particularly sensitive about drugs.

What quantity of prescription drugs can I take with me outside Canada?

The Therapeutic Products Programme (TPP) of Health Canada advises carrying sufficient quantities of a prescription medication for the length of your stay. When traveling you should always keep your medicine in an easily accessible place like hand luggage. Also, remember to follow the storage information shown on the prescription. For instance, some medication must remain refrigerated. Your pharmacist or doctor can guide you on how best to store your medicine when traveling.

I am returning to Canada with a prescription drug not available in Canada. What can I do?

The TPP allows you, as an individual, to import a three-month supply of a prescription medicine. This medicine must be for your personal use or for an immediate family member. You must personally bring the drug over the border in hospital or pharmacy-dispensed packaging. Upon your return you should inform your own doctor about the prescribed treatment.

What about returning to Canada with over-the-counter drugs not available in Canada?

Over-the-counter drugs are subject to the same personal import limits as prescription drugs. You may return to Canada with a three-month supply for your personal use or for an immediate family member.

What about traveling with non-prescription drugs?

Some non-prescription drugs available in Canada are not recognized as non-prescription drugs in other countries. If you are unsure about traveling with a non-prescription medicine, consult your pharmacist or doctor .

Can prescription medicines be shipped to me from outside Canada?

According to the *Food and Drug Act/Regulations*, prescription medicines cannot be shipped to you from outside Canada. However, in order to prevent delays or interrupt a course of treatment or other situations in which refusal of a shipment at the border could create a health risk, inspectors may allow entry of an initial 3-month supply of a drug, if the drug is packaged in hospital or pharmacy dispensed packaging. At this time, the recipient will be informed that

all future shipments will be detained and that either a Canadian source should be used or that their doctor should obtain a foreign supply through the Special Access Programme for drugs not available in Canada.

For further information, write:

Therapeutic Products Programme
Health Canada
Holland Cross, Tower 8
1600 Scott Street, 2nd Floor
Address Locator 310201
Ottawa, ON K1A 1B6

Source: *President's Bulletin*
Nova Scotia College of Pharmacists July 2003

Elderly

While working for an organization that delivers lunches to elderly shut-ins, I used to take my four-year-old daughter on my afternoon rounds.

She was unfailingly intrigued by the various appliances of old age, particularly the canes, walkers and wheelchairs.

One day I found her staring at a pair of false teeth soaking in a glass. As I braced myself for the inevitable barrage of questions, she merely turned and whispered, "The tooth fairy will never believe this!"

Source: *ACA News*
May/June 2002, Vol. XXXV, No. 3

Publications

The Seniors for Literacy Committee of the Secretariat recently released two publications that will provide Community Learning Networks with lifelong learning resources that will meet the specific needs and interests of seniors.

The first publication, a report entitled *Enhancing the Basic Learning Skills of Older Nova Scotians—Context and Strategies*, provides background information and statistics about older adults and gives an overview of learning in later life. It outlines the barriers to learning and suggests strategies to overcome them. It also includes a list of resources that can be used with older learners.

The second publication, *Enhancing the Basic Learning Skills of Older Nova Scotians—A Resource Kit*, is a binder of learning resources on topics of interest to older adults such as storytelling, health, safety, hobbies and history, nutrition and fitness, information technology, personal finances, computer learning and everyday math.

Both publications will be provided to Community Learning Networks across the province to help them design programs and effective learning opportunities for older adults.

Enhancing the Basic Learning Skills of Older Nova Scotians—Contexts and Strategies will be available to anyone interested in the lifelong learning of older adults. A limited number of *Enhancing the Basic Skills of Older Nova Scotians—Resource Kit* are available to borrow from the Information Resource Centre. To obtain a copy of *Contexts and Strategies* or to borrow a resource kit, please contact the librarian, Jane Phillips, at the Senior Citizens' Secretariat at 1-800-670-0065.

National and International Conferences

November 2003

International Conference on Ageing—Challenges and Answers

November 12–15, 2003
Thrissur, Kerala, India
+91 487-244-4473 , Fax: +91 487-244-4474
E-mail: jananeethi@zyberway.com
www.jananeethi.org

December 2003

International Conference on Aging, Disability and Independence

December 4–6, 2003
Arlington, Virginia, USA
www.asaging.org/icadi

International Conference on Population Ageing and Health: Modelling our Future

December 8–12, 2003
Canberra, Australia
E-mail: conference@natsum.canberra.edu.au
www.natsem.canberra.edu.au

September 2004

International Federation on Ageing, 7th Global Conference

September 5–8, 2004
Singapore
www.sage.org.sg

October 2004

International Conference on Active Ageing

Toward a New Perspective: From Ageing to Ageing Well
October 2004
Montreal, Canada

May 2006

International Federation on Ageing, 8th Global Conference

May 30–June 2, 2006
Copenhagen, Denmark
www.global-ageing.dk

Seniors use Internet to reduce stress of caring for a spouse with dementia

by Dr. Elsa Marziali

Baycrest researcher, Dr. Elsa Marziali, has developed a program for seniors who care for spouses with dementia that teaches them to use the Internet as a means of accessing support. Here she describes and evaluates the program that may be beneficial to other caregivers. Dr. Marziali is the Norman & Honey Schipper Chair in Gerontological Social Work and director of the Ben & Hilda Katz Centre for Geriatric Social Work at Baycrest and the University of Toronto.

Spousal caregivers are at the greatest risk for negative health outcomes due to the stress of care giving. They are older and frequently have their own health problems to manage. Many are socially isolated due to a shrinking network of family and friends and also, because they cannot leave their ill spouses unattended. Keeping health care appointments is difficult, frequently resulting in avoidance of appointments with health care providers and the exacerbation of health problems for both themselves and their ill spouses.

For these reasons, amongst others, we have begun a program at Baycrest for elderly spousal caregivers living in the community who would benefit from being able to access the Internet in order to communicate with other caregivers in similar circumstances, with health care providers at Baycrest, as well as with family and friends.

One of our first challenges was to train elderly, non-users to access a password-protected website designed specifically to facilitate links that would prove to be supportive to caregivers and reduce the stress and burden of care giving.

We were funded by Bell University Labs to equip a computer lab to train elderly caregivers to use computer hardware and software for access to the Internet. For this training, the attributes and needs of older adults were addressed (failing eyesight, decreasing muscle coordination, difficulty remembering recently learned concepts, and an overall decrease in the rate of learning). Hardware and software modifications included:

the use of 19-inch screens, large letter key boards, ball mouse, enlarged screen text and symbols, and the design and testing of specific interface features based on the Microsoft Windows operating system.

A website with health consultant information available at Baycrest was developed and the interface design includes ordered, uncluttered layout of the screen as well as dynamic text sizing, involuntary help windows, large screen button controls, and other enhancements based on feedback from the elderly users.

A computer training manual that addresses the learning patterns of the elderly was developed and revised based on user feedback. Two groups of eight elderly caregivers were trained to access the project website for: a) e-mail contacts with health care providers at Baycrest; b) e-mail communication with other caregivers in their group for sharing information and mutual support; c) e-mail communication with family and friends; and, d) information about government programs and community support services.

An evaluation of the participants' responses to the computer—Internet training sessions showed that the simplified procedural manual and instructions in the lab yielded positive learning experiences. By the end of the first session, the

participants had accessed the website and had negotiated several links within the site. Initial anxiety about the ability to understand and use computers competently was quickly dispelled.

Computers have been placed in the homes of the participants and a technician provides on-going consultation to further enhance ease of use of the website features. The next stage of development will be to add a video-conferencing link so that the caregivers can have visual and audio contact with each other and with the health care providers at Baycrest. The effects of this Internet-based intervention on reducing caregiver strain will be assessed at six month intervals.

Unique to our Internet-based health support program is its availability for the duration of the career of care giving. Most health support programs for caregivers of persons with dementia are of short duration, often provided following confirmation of the diagnosis, despite the fact that the burden of care giving increases as the patient's cognitive and physical health declines as the disease progresses. Thus, when caregivers most need support, they are less apt to receive it. Finally, the costs to the health care system for providing support via the Internet are far less when compared to in-hospital face-to-face meetings with caregivers. Also for the caregivers, being able to access health care providers at any time of the day without leaving the person with dementia unattended is extremely important and helpful.

Source: *Baycrest Bulletin*
August 2003, Vol.2 - Issue 1

Parent care. Guess what? We are not prepared.

One of Canada's leading pollsters warns aging boomers that they better prepare for a responsibility that is fast coming at them—*caring for their aging parents.*

John Wright, senior vice-president of Ipsos-Reid, released new polling data at a May 8th presentation to the Empire Club of Canada that shows parent care is a "societal trend that will change the backbone of our country".

"Only 36 per cent of Canadian adults have actually discussed with their parents what their long-term care wishes are," said Wright. "This country needs to start talking about this issue—and the place to start is at home."

After Wright's presentation, Bart Mindszenthy, co-author of the best-selling book, *Parenting Your Parents*, gave a passionate and candid account of the challenges he has faced caring for his two very elderly parents. Mindszenthy, whose mother is a patient at Baycrest Hospital, co-wrote the book with Baycrest's Dr. Michael Gordon last year.

"Guess what? There's no system to teach us how to get ready to care for aging parents," Mindszenthy confessed to an attentive audience. "We have pre-natal classes, but no aging parent classes."

Both Mindszenthy and Wright suggested a "national council" ought to be created to lobby for better support for adult children who are caring for aging parents.

Tips for Parenting Your Parents

- Slow everything down. Remember that your parents' sense of time and our sense of time are different. Speak more slowly, understand that elderly parents will take twice as long to do something, and have patience.
- Treat parents with dignity and respect. Their sense of independence is sacred.
- Stay close to healthcare providers and ask lots of questions. Unless we advocate on behalf of our parents, they will get lost in the system. Keep records of what is happening to them.

Principles for Ourselves

- Plan ahead. Have "the talk" with your parents while they are still cognitively sound about their wishes should they become ill. Remember, it's not if you're going to have a crisis with your parents, but when and how big.
- Find day-to-day balance in your own life. This is especially important in the years of escalating parent care.
- Dump the guilt! There are two types of guilt: parents making us feel guilty (e.g. "you're never around") and self-induced guilt as we try to second guess ourselves or fret that we haven't done enough for our parents. Don't fall into either trap.

Parenting Your Parents is available at Baycrest in The Ability Store and in the Women's Auxiliary Gift Shop for $22.99 + GST.

Source: *Baycrest Bulletin*
August 2003, Vol.2 - Issue 1

CVI Network Set to Impact the Future of Volunteerism in Nova Scotia

On December 5, 2001, Prime Minister Jean Chrétien announced the Canadian Volunteer Initiative (CVI) as a legacy of the International Year of Volunteers. The objectives of the CVI are to:

Encourage Canadians to participating in voluntary organizations;

- Improve the capacity of organizations to benefit from the contribution of volunteers;
- Enhance the experience of volunteering.

In Nova Scotia, Community Links and Recreation Nova Scotia (RNS) were invited to co-host a provincial network that would ensure regional issues and opportunities were addressed through the CVI. Dawn Stegen, Executive Director of Recreation Nova Scotia, explains that the collaborative approach with Community Links is an ideal partnership. "Both Recreation Nova Scotia and Community Links are very committed to grass root volunteers. We recognize the importance of ensuring volunteers from all regions of the province influence the direction and success of the Initiative. RNS has strong links to a variety of recreation, sport, youth, special populations, and government agencies. Community Links has established strong relationships with senior's groups, community development organizations, health and wellness agencies, and the rural regions of the province. As a result of our organizations' existing partnerships, in just three months we have been able to establish a province wide network that includes over 85 individuals, volunteer organizations, government and private sector representatives. Any organization, agency or individual is invited to become a CVI network member. Membership is free and gives you an opportunity to influence strategic directions and action plans that represent the interests, concerns and ambitions of all volunteers".

The NS CVI Network has recently completed a planning process which resulted in 4 strategic directions. Stegen explains that the network has identified expected results which will be used to evaluate the success of this two year initiative. "We are very committed to ensuring volunteers see real and tangible benefits from the work of the CVI Network. Some of the outcomes which the network expects to achieve are a mechanism to share resources and learnings (re. funding, evaluation, governance); greater awareness and involvement of municipal, provincial and federal governments in addressing volunteer challenges; and increased support for volunteerism from the government, corporate, academic and non-profit sector."

The success of the CVI Network is very much dependent on the participation, involvement and input from Nova Scotia's volunteers. Stegen explains that there are many opportunities for volunteers to influence the networks activities. "We encourage anyone who supports volunteerism to become a member or actively involved on one of the working committees. Participation ensures that you receive current information regarding our activities but more importantly you will have an opportunity to influence activities directed at issues and opportunities which effect your volunteer experience."

Stegen invites anyone who is interested in receiving more information regarding the Nova Scotia CVI Network to contact the CVI Coordinator, Becky Mason (823-1188) or impact@chebucto.ns.ca .

Why Canadians Need Home Care:

Roy Romanow talks with RCCM

Recently Romanaow took time to discuss his views on home care with Rehab & Community Care Management magazine's Lindsay Robertson.

Q: What is your perception of the current state of home care in Canada?

A: "Home care in Canada is currently very much like a patchwork quilt, inconsistent from patch to patch and province to province, in depth, breadth and scope."

Q: How must this change?

A: "We need a more stable platform across Canada. Home care should encompass many issues, including eldercare, long-term care for chronic illness, mental illness, and palliative end-of-life care for the young or old. As the final Report says, "investing in home care can save money, while improving care and the quality of life for people who would otherwise be hospitalized or institutionalized in long-term care facilities.""

Q: During your travels across the country, did you encounter many examples of how Canadians are coping with providing care at home?

A: "Absolutely. One young mother that attended—I think she was about 37-years-old—had a son about six or seven-years-old who died of cancer. In the hospital, the boy was on a lot of medication, but everything was paid for. He was receiving quality care, but was frightened by all the strangers. As the boy's illness progressed, the family got desperate and decided to move him home, instead of having him die in the hospital. This created an immediate problem of cost. There were no qualified staff for care, and if you aren't in the hospital, your drugs are not covered. We all fought back tears hearing that one."

- "We learned that there are also a lot of older married couples out there with chronic diseases or dementia that are caring for each other, with a lack of support and knowledge. Some people have visitors three times a week that do the laundry and clean up, and that's all they need. These people don't need to be in an institution.

Q: Did you hear any "good news" stories?

A: "Yes. One man's story was an eye opener. He was younger than 30-years-old, and had cystic fibrosis. He got himself through school and became a lawyer. He came to one of the meetings and said, "I'm a living example of how to do this." He wasn't homebound. It was invigorating to see he's able to practice law. He'd also written two plays and had several academic accreditations to show for his work."

Q: What about the challenges of balancing elder and family care?

A: "I heard several presentations where a child, usually a baby boomer, was caring for a parent, but also struggling to meet their other family responsibilities as well, without any, what I like to call, "comfort support.""

Q: Should Canadians be providing this type of care?

A: "Definitely. Caregiving is worthwhile, ethical, and very noble. My own mother-in-law still has her faculties, but needs occasional care. My wife assists her very often, and in a caring and loving society we should be looking after her."

Q: Did you see any positive signs?

A: "I hope that informal caregivers are becoming more recognized. And I think that they are. I was pleasantly surprised with the high level of health awareness in Canadians... what I term "health literacy.""

Q: What should we be doing to help these caregivers?

A: "Compensating those who must take time off work is important. Caregivers also need more than financial support. They need psychologists, doctors, and an entire support system, so they can draw on that talent." *(Editor's note: The federal government has already moved on one of the Commission's key recommendations, proposing "compassionate care" benefit for family caregivers.)*

Q: What is your over all advice for the Canadian health care system in regards to integrating home care?

A: "Illness, injury and death are the nature of living. They know no boundaries, and affect everyone, despite your skin colour, education or financial status. We should not be erecting borders to avoid helping each other, but tearing them down. Canadians need to be in this fight together."

The Romanow Commission: Recommendations for home care

The long-awaited *Commission on the Future on Health Care in Canada* proposes many sweeping changes designed to "ensure the long-term sustainability of health care in Canada." The Commission's final report *Building on Values: The Future of Health Care in Canada*, released on November 28th, 2002 contains 47 detailed recommendations. Among these recommendations, two are directed specifically towards home care. These are included in Chapter 8 of the report *Home Care: The Next Essential Service*.

Recommendation (34):

The proposed new Home Care Transfer should be used to support expansion of the Canada Health Act to include medically necessary home care services in the following areas:

- Home mental health case management and intervention services should be immediately included in the scope of medically necessary services covered under the Canada Health Act.
- Home care services for post-acute patients, including coverage of medication management and rehabilitation services, should be included.
- Palliative home care services to support people in their last six months of life should also be included under the Canada Health Act.

Recommendation (35):

Human Resources Development Canada, in conjunction with Health Canada should be directed to develop proposals to provide indirect support to informal caregivers to allow them to spend time away from work to provide necessary home care assistance at critical times.

As a result of these recommendations:

- All Canadians from coast-to-coast will have access to essential home mental health case management and interventions, post-acute home care services and palliative home care services;
- Particularly in the case of mental health, trained professionals will be available to intervene with temporary behaviour or other problems and help people with mental health problems cope with their illnesses on an ongoing basis;
- Essential home care support will be available for people with dementia and Alzheimer's disease to help them and their families cope with the situation and make decisions about the best options for care;
- People who are dying and who prefer to die in their own homes will get the care they need to be able to die with dignity;
- People who are released early from hospital will receive the necessary treatments and support at home, including support for rehabilitation; and
- For the first time, the invaluable role of informal caregivers will be recognized and supported, and people will be able to take the time they need from work to provide care for their loved ones at home.

Source: *Rehab & Community Care Management* Vol. 12, No.1, Spring 2003

Urinary Incontinence

The International Continence Society defines urinary incontinence as "the complaint of any involuntary leakage of urine". Rather than being simply an inconvenience, incontinence causes misery to many people, young and old. The leakage of even tiny amounts of urine (or just the fear of having an accident) can ruin someone's life. The effect on quality of life is considerable, and may result in people avoiding activities such as leaving their home, using public transport, and having sex.

It can lead to depression and social isolation. The effect on frail older people can be disastrous and can mean the difference between independence at home and moving to live in a care home. Exactly how many people have continence problems is not known, but may be as high as 50 per cent of the very oldest section of the population and those living in care settings.

Many people don't report problems to their health care workers or carers, for a variety of reasons. People are often embarrassed to discuss such an intimate subject and may believe that there isn't really any effective treatment. Many older people, doctors, nurses and carers consider continence problems to be a part of "normal ageing". Fortunately, both of these perceptions are incorrect. Though continence problems increase with age, there are highly effective treatments. Where a cure is not possible, symptom control can provide huge benefits to the person.

Further information

The Continence Foundation
2 Doughty Street, London, England
WC1N 2PH
Tel: 0845 3450165
Website: http://www.continencefoundation.org.uk
E-mail: continence-help@dial.pipex.com

Association For Continence Advice
102a Astra House, Arklow Road,
New Cross, London SE14 6EB
Tel: 020 8692 4680
Website http://www.aca.uk.com
E-mail: info@aca.uk.com

Source: *Working with Older People*
Vol. 7, Issue 1 - March 2003

Thank You Lord

For Giving Us The Ability To Laugh at Ourselves

The following are actual announcements taken from church bulletins:

1. This afternoon there will be a meeting in the south and north end of the church. Children will be baptized at both ends.
2. Tuesday at 4 p.m. there will be an ice cream social. All ladies giving milk, please come early.
3. Wednesday the Ladies Liturgy Society will meet. Mrs. Johnson will sing "Put Me In My Little Bed" accompanied by the pastor.
4. Thursday at 5 p.m., there will be a meeting of the Little Mothers Club. All those wishing to become Little Mothers please meet the minister in his study.
5. This being Easter Sunday, we will ask Mrs. Johnson to come forward and lay an egg on the altar.
6. Services will close with "Little Drops of Water." One of the ladies will start quietly and then the rest will join in.
7. On Sunday, a special collection will be taken to defray the expenses of the new carpet. All those wishing to do something on the new carpet, please come forward and get a piece of paper.
8. The ladies of the church have cast-off clothing of every kind and they may be seen in the church basement on Friday afternoon.
9. A bean supper will be held on Saturday evening in the church basement. Music will follow.
10. The rosebud on the altar this morning is to announce the birth of David Allen Belser, the sin of the Rev. and Mrs. Julius Belser.

Submitted by Barb Woolley

Source: *ACA News*
May/June 2002, Vol. XXXV, No. 3

A TRUE CANADIAN SMASH HIT!

"If you loved our Messer Jubilee, then you must see this outstanding tribute show!"

says **Don Tremaine,**
TV Host, Don Messer Jubilee

Scott Woods
Canadian Fiddle Champion

Marie Gogo
Juno winner

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Tom Leadbeater

A 2-HOUR CELEBRATION OF CANADA'S FAVOURITE TOE-TAPPING MUSICAL TV SHOW

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★ *The unforgettable* ***Messer Sound*** ★ ***"Marg & Charlie"***
★ *Colourful* ***Buchta-style Dancers*** ★ *Sensational* ***Stepdancing***
AND MUCH MORE!!

Cornwallis Friday, Nov. 14@7pm	Peace Centre Theatre	532-7704
Liverpool Saturday, Nov. 15@7pm	Astor Theatre	354-5250
Halifax Sunday, Nov. 16@2pm	Rebecca Cohn Theatre	494-3820

"Since 1995, Canada's most authentic Don Messer tribute show!"

Tickets now on sale!